

## EXHIBIT E – PART 5

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING, NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477  CATANO PR 00962		TAX BOND NO.	BL NO. SJUHAW215ELZ046	Date: 05/13/02
		EXPORT REFERENCES HU569N0270		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV80839
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS  SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655542	1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR	27,511	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

\* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value

\$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐

Insured Value \$

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of  
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE  
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,136.00	1,136.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

TOTAL CHARGES: 1,276.00

## SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTEUR (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO		TAX BOND NO.	BL NO. SJUEL260JAX070	Date: 05/13/02															
		EXPORT REFERENCES GU585N0680																	
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80841															
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CA ONTARIO DC (REL) (USA11111) C/O ALLEGIANCE 551 E PHILADELPHIA ST. ONTARIO, CA 91761		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																	
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS																	
PIER SAN JUAN, PR		PLACE OF RECEIPT																	
VESSEL EL MORRO	VOY. NO 260 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR																
POINT AND COUNTRY OF ORIGIN		POINT AND COUNTRY OF ORIGIN																	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY ONTARIO, CA		FINAL DESTINATION OF GOODS (NOT VESSEL) ONTARIO, CA															
PARTICULARS FURNISHED BY SHIPPER																			
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT															
UNIT NO: GESU400032 SEAL 1: 025892	1 40HC	STC: 48 PALLETS 1,850 PIECES MEDICAL DEVICES ** T/WDR		36,614															
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE															
* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.																			
A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply; and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____																			
B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [ ] No Insured Value \$ _____																			
Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor																			
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FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">TARIFF ITEM NUMBER</th> <th style="text-align: left;">CHARGES</th> <th style="text-align: left;">TOTAL</th> </tr> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,549.00</td> <td>1,549.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 15.00</td> <td>15.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL CHARGES:</td> <td>1,689.00</td> </tr> </table>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,549.00	1,549.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 15.00	15.00	TOTAL CHARGES:		1,689.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																	
OC FRT NORTHBOUND	1 1,549.00	1,549.00																	
BUNKER SURCHARGE	1 125.00	125.00																	
PT AUTH FEE	1 15.00	15.00																	
TOTAL CHARGES:		1,689.00																	

## SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477  CATANO PR 00962		TAX BOND NO.	BL NO. SJUHAW215ELZ047	Date: 05/13/02
		EXPORT REFERENCES HU569N0270		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV80842
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS  SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN SAN JUAN, PR	
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY	FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY	

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655579	1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR	27,058	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

\* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.  
Declared Value \$ \_\_\_\_\_

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$ \_\_\_\_\_

Subject to Clause 14 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of  
Consignor

RECEIVED THE GOODS OF PACKAGES, SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,136.00	1,136.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

## SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO.	BL NO. SJUCRS060JAX108	Date: 05/10/02
		EXPORT REFERENCES GU585N0680		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80843
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) LA ONTARIO DC (REL) (USA11111) C/O ALLEGIANCE 4551 E. PHILADELPHIA ST ONTARIO, CA 91761		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL CRUSADER	VOY. NO 060 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
POINT AND COUNTRY OF ORIGIN		POINT AND COUNTRY OF ORIGIN		
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY ONTARIO, CA		FINAL DESTINATION OF GOODS (NOT VESSEL) ONTARIO, CA

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655557 SEAL 1: 026010	1 45HC	STC: 38 PALLETS 2,068 PIECES MEDICAL DEVICES ** TR/DR	8,244	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

\* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. *Ad Valorem* - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the *Ad Valorem* rate for Shipper's cargo.  
Declared Value \$ \_\_\_\_\_

B. *Insurance Coverage* - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.  
Yes ☐ No ☐ Insured Value \$ \_\_\_\_\_

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
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REVISED 2/02

BY \_\_\_\_\_

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE  
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,726.00	1,726.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,861.00

## SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477  CATANO ,PR 00962		TAX BOND NO.	BL NO. SJUHAW215ELZ050	Date: 05/13/02
		EXPORT REFERENCES RV80858		
		BOOKING NUMBER IV06525	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CV SOLON DC SOLON OHIO (USA11111) C/O ALLEGIANCE 5260 NAIMAN PARKWAY SOLON OH 44139		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
POINT AND COUNTRY OF ORIGIN				
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY SOLON, OH		FINAL DESTINATION OF GOODS (NOT VESSEL) SOLON, OH

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU450151	1 45HC	STC: 46 PALLETS MEDICAL DEVICES ** TR/DR	26,521	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

\* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.  
Declared Value \$ \_\_\_\_\_

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$ \_\_\_\_\_

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Signature of  
Consignor

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BY \_\_\_\_\_

REVISED 2/02

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE  
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,562.00	1,562.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

TOTAL CHARGES: 1,702.00

## SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M06477  CATANO ,PR 00962		TAX BOND NO.	BL NO. SJUHAW215ELZ052	Date: 05/13/02
		EXPORT REFERENCES RV80857		
		BOOKING NUMBER IV06529		SHIPPER REFERENCE NO.
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) GL DEEW DC (USA11111) C/O ALLEGIANCE 3356 WALDEN AVE DEPEW ,NY 14043		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL HAWAII	VOY. NO. 215 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
POINT AND COUNTRY OF ORIGIN				
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY DEPEW, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) DEPEW, NY

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU481008	1 45HC	STC: 34 PALLETS MEDICAL DEVICES ** TR/DR	22,904	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

\* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.  
Declared Value \$ \_\_\_\_\_

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate charged by Carrier.  
[Yes ] [No ] Insured Value \$ \_\_\_\_\_

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REVISED 2/02

BY \_\_\_\_\_

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE  
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,495.00	1,495.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

TOTAL CHARGES: 1,635.00



<b>SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)</b> BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962		TAX BOND NO.	BL NO. SJUHAW215ELZ048	Date: 05/13/02
		EXPORT REFERENCES IV06530		
		BOOKING NUMBER	SHIPPER REFERENCE NO. RV80868	
<b>CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)</b> BW MONTGOMERY DC (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
<b>NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)</b> BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
<b>PIER</b> SAN JUAN, PR		<b>PLACE OF RECEIPT</b>		
<b>VESSEL</b> HAWAII	<b>VOY. NO</b> 215 N	<b>FLAG</b> UNITED STATES	<b>PORT OF LOADING</b> SAN JUAN, PR	
<b>POINT AND COUNTRY OF ORIGIN</b>		<b>PORT OF DISCHARGE</b> PORT ELIZABETH, NJ		
<b>PLACE OF DELIVERY</b> MONTGOMERY, NY		<b>FINAL DESTINATION OF GOODS (NOT VESSEL)</b> MONTGOMERY, NY		

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650954	1 45HC	STC: 44 PALLETS MEDICAL DEVICES ** TR/DR	12,399	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

\* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.  
 Declared Value \$ \_\_\_\_\_

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

[ ] Yes [ ] No Insured Value \$ \_\_\_\_\_

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of  
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
 LOGISTICS PAYMENT SERVICES  
 PO BOX 2000  
 SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,136.00	1,136.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00



## SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, PR 00962		TAX BOND NO.	BL NO. SJUHAW215ELZ051	Date: 05/13/02
		EXPORT REFERENCES RV80866		
		BOOKING NUMBER IV06524	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ERIE SCIENTIFIC COMPANY (USA11111) 20 POST ROAD INDUSTRIAL PARK PORTSMOUTH, NH 03801		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL HAWAII	VOY. NO 215 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY PORTSMOUTH, NH	FINAL DESTINATION OF GOODS (NOT VESSEL) PORTSMOUTH, NH	

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU450239	1 45HC	STC: 38 PALLETS MEDICAL DEVICES ** 1ST STOP: 390 COUNTY HWY 99 MONTGOMERY, NY 12549 CONTACT: MARGARET HALL PHONE# 914-457-2231 ** 2ND STOP: 20 POST ROAD IND. PARK PORT SMOUTH, NH 03801 ** TR/DR	31,356	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

\* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.  
Declared Value \$ \_\_\_\_\_

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$ \_\_\_\_\_

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
Signature of Consignor \_\_\_\_\_

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY \_\_\_\_\_

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE  
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,900.00	1,900.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

TOTAL CHARGES: 2,040.00

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477  CATANO PR 00982		TAX BOND NO.	BL NO. SJUELY261PEV020	Date:
		EXPORT REFERENCES RVB0884		
		BOOKING NUMBER MG06767	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA58831) 3205 MERIDIAN PARKWAY  WESTON, FL 33331		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR	PLACE OF RECEIPT			
VESSEL EL YUNQUE	VOY. NO. 251	FLAG N	UNITED STATES	PORT OF LOADING SAN JUAN, PR
PORT OF DISCHARGE PORT EVERGLADES, FL.		DESTINATION PORT WESTON, FL.		PORT AND COUNTRY OF ORIGIN
FINAL DESTINATION OF GOODS (NOT VESSEL) WESTON, FL				

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
-------------------	------------	-----------------------------------	--------------	-------------

UNIT NO:  
NPRU653160  
SEAL 1: 0032287

1 45HC

STC:  
1530 PC  
44 PALLETS  
MEDICAL DEVICES  
TR/DOR

12,612

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 625.00	625.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00
TOTAL CHARGES: 760.00		

## FREIGHT PAYABLE AT/BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE IL 60554

## SHIPPER LOAD AND COUNT

## FREIGHT COLLECT

## COPY NON-NEGOTIABLE

\* Carrier's Bill of Lading is subject to the provisions of the bill of lading, unless Carrier's bill of lading provides for the Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of the bill of lading (A) or (B) below.

A. As Valorem - If Shipper declares a value in the space provided, Carrier's Bill of Lading per container will not apply, and carrier will charge the As Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - As Clause 23 on the reverse side and applicable bill of lading to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rate charged by Carrier.

Yes [ ] No Insured Value \$

Agree to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN LISTED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSFERRING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CHARGES THEREON TO BE FILED WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962		TAX BOND NO.	BL NO. SJUELY261PEV021	Date:
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA56831) 3205 MERIDIAN PARKWAY WESTON, FL 33331		EXPORT REFERENCES RV80891		SHIPPER REFERENCE NO.
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		BOOKING NUMBER MG06767		
PIER SAN JUAN, PR		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
VESSEL EL YUNQUE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
VOY. NO. 261		POINT AND COUNTRY OF ORIGIN		
FLAG UNITED STATES		FINAL DESTINATION OF GOODS (NOT VESSEL) WESTON, FL		
PORT OF DISCHARGE PORT EVERGLADES, FL.		DESTINATION PORT WESTON, FL		

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655372 SEAL 1: 0032282	1	45HC STC: 1784 PC 44 PALLET MEDICAL DEVICES TRVD	27,723	

TARIFF ITEM NUMBER	CHARGES	TOTAL
DC FRT NORTHBOUND	1 625.00	625.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00
TOTAL CHARGES: 760.00		

## FREIGHT PAYABLE AT/BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE IL 60554

## SHIPPER LOAD AND COUNT

## FREIGHT COLLECT

## COPY NON-NEGOTIABLE

\* Certificate (bill of lading) of liability per carrier shall apply. Carrier's tariff provisions for the Shipper's interest cargo insurance with limits specified in Clause 25 and 26 on the reverse side or other relevant Options (A) or (B) below.

4. Ad Valorem - If Shipper declares a value in this space provided, Carrier's \$500 limitation per unit shall not apply; and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

5. Insured Cargo - See Clause 25 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requires Shipper's interest cargo insurance at the applicable rate charged by Carrier.

No Insured Value \$

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED, CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSPORT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE BACK AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TYPED AND DATED, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

RP/EA'D 600671 HOC

Signature of

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. PRGLC (SJU57279) ROAD #5 KM 27.4 EXT EXPRESO DE DIEGO, PALMAS CATANO, PR 00962		TAX BOND NO.	BL NO. SJUELY261JAX012	Date: 05/14/02
		EXPORT REFERENCES DOC#: RV80888		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG-WAUKEGAN DC (REL) (USA11111) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		BOOKING NUMBER MG06765		SHIPPER REFERENCE NO. RV80888
		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 261 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT JACKSONVILLE, FL		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL

## PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: UXXU481039 SEAL 1: 0032273	1 45HC	STC: 44 PALLETS, 1577 PIECES MEDICAL DEVICES TR/DR	12,803	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

Carrier's Bill of Lading is subject to the provisions of the Carriage of Goods by Sea Act (COGSA) and the provisions of the Carriage of Goods by Air Act (CATA) and the provisions of the Carriage of Goods by Road Act (CMR) and the provisions of the Carriage of Goods by Rail Act (COTR) and the provisions of the Carriage of Goods by Inland Waterway Act (CIWA) and the provisions of the Carriage of Goods by Pipeline Act (COPA) and the provisions of the Carriage of Goods by Cable Act (CCOA) and the provisions of the Carriage of Goods by Other Means Act (COOMA).

Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 Exemption per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value: \$

Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ( ) No Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without receipt on the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of  
Consignee

EXEMPT THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS THEREAFTER INDICATED, TO BE SHIPPED AS HEREIN PROVIDED, CARRIER HAS NOT INSPECTED CONTENTS OF SAID SEALED PACKAGES.

RECEIPT, CUSTODY, CARRIER, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND ONE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/ BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

**SEA STAR LINE, LLC**

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. PRGLC (SJU57279) ROAD #5 KM 27.4 EXT EXPRESO DE DIEGO, PALMAS CATANO, PR 00982		TAX BOND NO.	BL NO. SJUELY261JAX011	Date: 05/14/02
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) MG-WAUKEGAN DC (REL) (USA11111) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60085		EXPORT REFERENCES		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS PO BOX 2000 SUGAR GROVE		BOOKING NUMBER FW06706		SHIPPER REFERENCE NO. RV80888
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 261 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT JACKSONVILLE, FL		POINT AND COUNTRY OF ORIGIN
		SALES AGENT OR ICC (Complete Name, Address and Zip Code)		FREIGHT BROKER LIC.
		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL		
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT
UNIT NO: UXXU480527 SEAL 1: 0092297	1 45HC	STC: 44 PALLETS, 1987 PIECES MEDICAL DEVICES *** TR/DR		16,796
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE

Carrier's 6000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 25 and 26 on the reverse side or Shipper selects Option (A) or (B) below.

Ad Valorem - If Shipper declares a value in the space provided, Carrier's 6000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

Insured Cargo - See Clause 25 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without receipt on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of  
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.

RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPMENT OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED \_\_\_\_\_ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)  
LOGISTICS PAYMENT SERVICES  
PO BOX 2000  
SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00





**HOST FAX BILL OF LADING**  
FOR INTERMODAL TRANSPORT ☒ Check One Box  
FOR PORT TO PORT SHIPMENT ☐

PLEASE  
REMIT  
TO

**SEA STAR**  
100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> RD 5 KM 27 4 EXT EXPRESO DE DIEGO BO PALMAS CATANO PR		SHIPPER NO. <b>B01554535</b>	(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT	
CONSIGNEE (COMPLETE NAME & ADDRESS) <b>BAXTER HEALTHCARE CORP</b> C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549		CREDIT NO.	BOOKING NUMBER <b>HU567N-0290</b>	EXPORT DEC.
NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS) <b>UPON ARRIVAL PLEASE CONTACT</b> <b>P COBIAN/LUIS VEGA AT</b> <b>787-275-3013</b>		ZIP CODE <b>00962</b>	BILL TO: <b>D10072</b> <b>VE -VEM</b>	
NOTIFY PTY. NO.		CONSIGNEE NO. <b>B01554453</b>	<b>BAXTER HEALTHCARE CORP</b> <b>C/O SCHNEIDER LOGISTICS</b> <b>PO BOX 2000</b> <b>SUGAR GROVE IL 60554</b>	
			EXPORT REFERENCES	
			<b>B/L#RV80564</b>	
			FORWARDING AGENT - REFERENCES	FMC NO.
			<b>N/A</b>	<b>0000-FF</b>

ORIGINATING CARRIER - INTERMODAL	PLACE OF ORIGIN - INTERMODAL <b>SAN JUAN</b>	CITY, STATE AND COUNTRY OF ORIGIN <b>CATANO , PR CAR</b>
VESSEL (SEE CL 2) VOYAGE NO. <b>HUMACAO</b>	FLAG <b>567N</b>	VESSEL TERMINAL <b>PUERTO NUEVO</b>
PORT OF DISCHARGE <b>ELIZABETH</b>	PORT OF LOADING <b>SAN JUAN</b>	ROUTING FROM DISCHARGE TERMINAL
	DESTINATION INTERMODAL <b>MONTGOMERY</b>	CONTAINERIZED (Vessel Only) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

<b>CARRIER'S RECEIPT</b>		PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF		
CONTAINER NO. AND SEAL (OR MARK IF BREAK FUL) <b>PRMU650936</b> <b>1X45HV</b> <b>S/ 026095</b>	NO OF PACKAGES <b>237</b> <b>PKG</b>	MARKS (IF CONTAINERIZED) & DESCRIPTIONS OF GOODS NOT PART OF B/L <b>MEDICAL PRODUCTS</b>	GROSS WEIGHT (Kiloo) <b>16206.0</b> <b>LB</b>	MEASUREMENTS <b>0.00</b> <b>CF</b>
ORDERS: 52505783*AA 52506784*AA 830664411		PIECES		
009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS		601		
5#/CF, W/ OR W/O SOL (NMF 567900-1 CL 175)				
010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS		344		
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)				
011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS		942		
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)				
032 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 4#/CF		8		
L/T 6#/CF (NMF 156600-4 CL 150)				
155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX		480		
\$2.30/# (NMFC 060000 CL 70)				

TOTAL NUMBER OF PKGS OR UNITS IMPORTANT: See Clause 6		THESE COMMODITIES LICENSED BY US FOR ULTIMATE DESTINATION		DIVERSION CONTRARY TO US LAW PROHIBITED	
TERMS: <input type="checkbox"/> PREPAID <input checked="" type="checkbox"/> COLLECT		BILL TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> FORWARDER <input type="checkbox"/> CONSIGNEE		<input type="checkbox"/> NOTIFY PARTY <input checked="" type="checkbox"/> OTHER	
INSURANCE (See Tariff Reg.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OCEAN FREIGHT & ACCESSORIAL CHARGES		PREPAID	
values \$ ..... Premium \$ .....				COLLECT	
DECLARED VALUE OVER \$500					
per pkg. or unit \$ ..... Extra Charge \$ .....					
NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.					

ON BEHALF OF THE MASTER

DATE: **04/29/02**

☐ N/A PICKUP

☒ Transport

TOTAL CHARGES >

PAGE: 001 OF 001

FORM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 2



## HOST FAX BILL OF LADING

 FOR INTERMODAL TRANSPORT ☒ Check One Box  
 FOR PORT TO PORT SHIPMENT ☐
PLEASE  
REMIT  
TO
 SEA STAR  
 100 BELL TEL WAY SUITE 300  
 JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

 BAXTER HEALTHCARE CORP  
 RD 5 KM 27 4 EXT  
 EXPRESO DE DIEGO BO PALMAS  
 CATANO PR

 SHIPPER NO.  
 B01554535  
 CREDIT NO.

 ZIP CODE  
 00962

 CONSIGNEE NO.  
 B01554453

 (SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT  
 BOOKING NUMBER  
 HU567N-0290  
 EXPORT DEC.

BILL TO: D10072 VE -VEM

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

 BAXTER HEALTHCARE CORP  
 NORTHEAST DISTRIBUTION CENTER  
 390 COUNTY HIGHWAY 99  
 MONTGOMERY NY 12549

 BAXTER HEALTHCARE CORP  
 C/O SCHNEIDER LOGISTICS  
 PO BOX 2000  
 SUGAR GROVE IL 60554

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

 UPON ARRIVAL PLEASE CONTACT  
 P COBIAN/LUIS VEGA AT  
 787-275-3013

NOTIFY PTY. NO.

EXPORT REFERENCES

B/L#RV80563

FORWARDING AGENT - REFERENCES

N/A

FMC NO.

0000-FF

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

SAN JUAN

PORT OF DISCHARGE

DESTINATION INTERMODAL

MONTGOMERY

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

UXXU480523-3

1X45HV

S/ 026097

NO. OF PACKAGES

1709

PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

MEDICAL PRODUCTS

GROSS WEIGHT (Kiloo)

26831.0

LB

MEASUREMENTS

0.00

CF

ORDERS: 52497767\*AA 52506774\*AA 52506780\*AA

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 273 PIECES

5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS 460 PIECES

5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS 944 PIECES

BAGS IN BXS/PKG 97 (NMF 59380-6 CLS 55)

653 BAG/ENV/PCKT/POUCHES, PLASTIC, W/DENS 8#/CF L/T#15/CF, 32 PIECES

INBXS/CRATES/PKG 2311/2432 LNMFC 20480-2 CLS 92.51

TOTAL NUMBER OF PKGS OR UNITS  
IMPORTANT: See Clause 6TERMS: ☐ PREPAID ☒ COLLECTDURATION (See Tariff Reg.) YES ☐ NO ☐

LARGED VALUE OVER \$500

pkg. or unit \$ Extra Charge \$

 I/VE for shipment, in external appearance, condition and condition,  
 containers, other packages or units listed in the "Carrier's Receipt",  
 by the Shipper to contain the goods described in "Particulars  
 furnished by Shipper", which Particulars, including weight and  
 measurement, have not been verified by the Carrier and are not part of  
 B/L contract. The Carrier makes  
 representation regarding contents, weight or measurement.

 BE SURE TO READ THE TERMS OF THIS BILL OF  
 LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN  
 SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS  
 ORIGINAL INLAND/OCEAN BILL OF LADING.

NO. ON BEHALF OF THE MASTER

FLADING NO. NAVA

380-5646375

DATE:

04/29/02

☐ N/B PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

 AGE: 001 OF 001  
 1# NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 1





**HOST FAX BILL OF LADING**  
FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENT

PLEASE  
REMIT  
TO

**SEA STAR**  
100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

☒ Check One Box

SHIPPER EXPORTER (COMPLETE NAME & ADDRESS)

**BAXTER HEALTHCARE CORP**  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.  
**B01554535**  
CREDIT NO.

BOOKING NUMBER  
**MA565N-0610**

EXPORT DEC:

BILL TO: **D10072 JL -JLM**

CONSIGNEE (COMPLETE NAME & ADDRESS)

**BAXTER HEALTHCARE CORP**  
\*\*\*\*CROSSDOCK\*\*\*\*\*  
4535 MENDENHALL RD  
MEMPHIS TN 38141

CONSIGNEE NO.  
**B01554404**

**BAXTER HEALTHCARE CORP**  
C/O SCHNEIDER LOGISTICS  
PO BOX 2000  
SUGAR GROVE IL 60554

EXPORT REFERENCES

**RV80648**

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

**P COBIAN/LUIS VEGA ON ARRIVAL**  
787-275-3013

NOTIFY PTY. NO.

FORWARDING AGENT - REFERENCES

**N/A**

FMC NO.

**0000-FF**

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

**SAN JUAN**

VESSEL (SEE CL 2) VOYAGE NO.

FLAG

PORT OF LOADING

**MAYAGUEZ**

**565N**

**SAN JUAN**

PORT OF DISCHARGE

**JACKSONVILLE**

DESTINATION INTERMODAL

**MEMPHIS**

CITY, STATE AND COUNTRY OF ORIGIN

**CATANO, PR CAR**

VESSEL TERMINAL

**PUERTO NUEVO**

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

**NPRU655537-2**

**1X45HV**

**S/ 026053**

NO. OF PACKAGES

**1967**

**PCS**

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

**MEDICAL PRODUCTS**

GROSS WEIGHT (Kilos)

**27386.0**

**LB**

MEASUREMENTS

**0.00**

**CF**

ORDERS: 52497756AA, 52556298AA, 52556299AA, 52556302AA,  
52556303AA, 3119, 3123, 830602469, 830749357

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

**146 PCS**

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

**813 PCS**

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

**847 PCS**

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN  
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

**8 PCS**

088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,  
IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

**34 PCS**

AL NUMBER OF PACKAGES  
IMPORTANT: See Clause 6

TERMS: ☐ PREPAID ☒ COLLECT

URANCE (See Tariff Reg.) YES ☐

ies \$ Premium \$

LARED VALUE OVER \$500

pkgs. or units \$ Extra Charge \$

NOTE: For shipment, in external apparent good order and condition,  
containers, other packages or units listed in the "Carrier's Receipt",  
by the Shipper to contain the goods described in "Particulars  
Furnished by Shipper", which Particulars, including weight and  
measurement, have not been verified by the Carrier and are not part of  
B/L contract. The Carrier makes  
representation regarding contents, weight or measurement.

BE SURE TO READ THE TERMS OF THIS BILL OF  
LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN  
SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS  
ORIGINAL INLAND/OCEAN BILL OF LADING.

INC. ONE BEHALF OF THE MASTER

IF LADING NO **NAVA** DATE **04/30/02**

**380-5647926**

**04/30/02**

☐ N/B PICKUP

**E Transport**  
Authorized

TOTAL CHARGES >

AGE: 001 OF 002

# NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 7



## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENTPLEASE  
REMIT  
10☒ Check One Box

SEA STAR

100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE

00962

CONSIGNEE NO.

B01554404

BOOKING NUMBER

MA565N-0610

EXPORT DEC.

BILL TO:

D10072

JL -JLM

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
\*\*\*\*\*CROSSDOCK\*\*\*\*\*  
4835 MENDENHALL RD  
MEMPHIS TN 38141

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

RV80650

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN/LUIS VEGA ON ARRIVAL  
787-275-3013

NOTIFY PTY. NO.

FORWARDING AGENT - REFERENCES

N/A

FMC NO.

0000-FF

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

MAYAGUEZ

FLAG

565N

PORT OF LOADING

SAN JUAN

PORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

MEMPHIS

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES☐ NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

GESU400188-5  
1X45HV  
S/ 026054

NO OF PACKAGES

857

PCS

HM

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS - NOT PART OF B/L

GROSS WEIGHT (Kiloo)

7022.0

LB

MEASUREMENTS

0.00

CF

ORDERS: 52556307AA, 52556308AA

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

51 PCS

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS

5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

480 PCS

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS

BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

230 PCS

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN

BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

15 PCS

155 DRUGS, CHEMICALS, MEDICINES &amp; OTHER ARTICLES, RVNX

\$2.30/# (NMFC 060000 CL 70)

80 PCS

TOTAL NUMBER OF PKGS OR UNITS

IMPORTANT: See Clause 6

TERMS: > ☐ PREPAID ☒ COLLECT

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

BILL TO: > ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE☐ NOTIFY PARTY☒ OTHER

INSURANCE (See Tariff Reg.)

YES ☐

Values \$ Premium \$

DECLARED VALUE OVER \$500

or pkg. or unit \$ Extra Charge \$

NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

OCEAN FREIGHT &amp; ACCESSORIAL CHARGES

PREPAID

COLLECT

H. INC.

ON BEHALF OF THE MASTER

I. OF LADING NO

NAVA

DATE:

380-5647882

04/30/02

☐ N/B PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 001

NM # NPR, INC. - 1987

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 5



## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENTPLEASE  
REMIT  
TO

SEA STAR

100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216☒ Check One Box

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PRSHIPPER NO.  
B01554535

CREDIT NO.

ZIP CODE  
00962CONSIGNEE NO.  
B01554548

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

MEMPHIS REL  
C-O ALLEGIANCE  
4835 MENDENHALL RD  
MEMPHIS TN 38115

BOOKING NUMBER

MA565N-0610

BILL TO:

D10072

DJ -DJW

BAXTER HEALTHCARE CORP  
C/O SCHNEIDER LOGISTICS  
PO BOX 2000  
SUGAR GROVE IL 60554

EXPORT REFERENCES

RV80649

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN / LUIS VEGA  
787-275-3013

NOTIFY PTY. NO.

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

MAYAGUEZ

565N

SAN JUAN

VESSEL TERMINAL

PUERTO NUEVO

PORT OF DISCHARGE

DESTINATION INTERMODAL

JACKSONVILLE

MEMPHIS

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES ☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NO OF PACKAGES

HM MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

GROSS WEIGHT (Kilos)

MEASUREMENTS

PRMU650582  
1X45HV  
S/ 0260551240  
PCS

MEDICAL PRODUCTS

20223.0  
LB0.00  
CF009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

93

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

362

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

547

088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,  
IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

20

155 DRUGS, CHEMICALS, MEDICINES & OTHER ARTICLES, RVNX  
\$2.30/# (NMFC 060000 CL 70)

200

304 GLASS, MICROSCOPE SLIDE/COVER, IN BSX  
(NMFC 86770 CLS 70)

18

TOTAL NUMBER OF PKGS OR UNITS  
IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: ☐ PREPAID☒ COLLECTBILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE☐ NOTIFY PARTY☒ OTHER

INSURANCE (See Tariff Reg.)

YES ☐

Values \$ Premium \$

DECLARED VALUE OVER \$500

Per pkg. or unit \$ Extra Charge \$

RECEIVED for shipment, in external apparent good order and condition,  
the containers, other packages or units listed in the "Carrier's Receipt",  
said by the Shipper to contain the goods described in "Particulars  
Furnished by Shipper", which Particulars, including weight and  
measurement, have not been verified by the Carrier and are not part of  
this B/L contract. The Carrier makes  
no representation regarding contents, weight or measurement.NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF  
LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN  
SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS  
YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

OCEAN FREIGHT &amp; ACCESSORIAL CHARGES

PREPAID

COLLECT

NPH, INC.

ON BEHALF OF THE MASTER

BILL OF LADING NO

NAVA

DATE:

380-5647974

04/30/02

☐ NIS PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 001

GPM # NPH, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE 1



## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENTPLEASE  
REMIT  
TOSEA STAR  
100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216☒ Check One Box

SHIPPER/EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE

00962

CONSIGNEE NO.

B01554496

BOOKING NUMBER

MA565N-0600

EXPORT DEC.

BILL TO:

D10072

DJ -DJW

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
CHARLOTTE DC, C/O ALLEGIANCE  
3031 NEVADA BLVD  
CHARLOTTE NC 28273

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT  
P COBIAN/ LUIS VEGA  
787-275-3013

NOTIFY PTY. NO.

RV60647

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

VESSEL (SEE CL. 2) VOYAGE NO.

MAYAGUEZ

FLAG

565N

PORT OF LOADING

SAN JUAN

PORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

CHARLOTTE

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES☐ NO

## CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

GESU400331-6

1X45HV

S/ 026056

NO OF PACKAGES

1760

PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kiloo)

22378.0

LB

MEASUREMENTS

0.00

CF

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF, W OR W/O SOL (NMF 567900-1 CL 175)

120 PCS

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF+, W OR W/O SOL. (NMF 56790-2 CL 100)

770

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

771

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN  
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

30

088 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS 8#/CF OR GRTR,  
IN BXS/CRATES/PKGS 2311/2432 (NMF 20480-1 CL 150)

20

304 GLASS, MICROSCOPE SLIDE/COVER, IN BSX  
(NMFC 86770 CLS 70)

49

TOTAL NUMBER OF PKGS OR UNITS  
IMPORTANT: See Clause 8

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: ☐ PREPAID☒ COLLECTBILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE☐ NOTIFY PARTY☒ OTHER

INSURANCE (See Tariff Reg.)

YES ☐Values \$ ..... Premium \$ .....  
DECLARED VALUE OVER \$500

At pkg. or unit \$ ..... Extra Charge \$ .....

(CONTINUED) For shipment, in external apparent good order and condition,  
containers, other packages or units listed in the "Carrier's Receipt".  
Id by the Shipper to contain the goods described in "Particulars  
Furnished by Shipper", which Particulars, including weight and  
measurement, have not been verified by the Carrier and are part of  
the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.NOTICE: BE SURE TO READ THE TERMS OF THIS BILL OF  
LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN  
SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS  
YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

OCEAN FREIGHT &amp; ACCESSORIAL CHARGES

PREPAID

COLLECT

H, INC.

ON BEHALF OF THE MASTER

I OF LADING NO

NAVA

DATE:

04/30/02

☐ N/B PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 001

FORM # NPR, INC. - 1997

IMPORTANT: READ CLAUSES ON REVERSE SIDE. 1





## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT  
FOR PORT TO PORT SHIPMENTPLEASE  
REMIT  
10☒ Check One Box

SEA STAR

100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE

00962

CONSIGNEE NO.

B01554572

BOOKING NUMBER

MA565N-0590

BILL TO:

D10072

TL -TLC

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

EXPORT REFERENCES

BL# RV80645 @ 7-10-02

FORWARDING AGENT - REFERENCES

FMC NO.

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

GRAND PRAIRIE DC  
C/O ALLEGIANCE  
3080 WEST INTERSTATE 20  
GRAND PRAIRIE TX 75050

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

UPON ARRIVAL PLEASE CONTACT  
P COBIAN/LUIS VEGA  
787-275-3013

NOTIFY PTY. NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

VESSEL (SEE CL. 2) VOYAGE NO.

FLAG

PORT OF LOADING

MAYAGUEZ

565N

SAN JUAN

PORT OF DISCHARGE

DESTINATION INTERMODAL

JACKSONVILLE

GRAND PRAIRIE

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES☐ NO

CARRIER'S RECEIPT

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

NPRU655140-1

1X45HV

S/ 026060

NO OF PACKAGES

1663

PCS

HM

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kilogs)

23964.0

LB

MEASUREMENTS

0.00

CF

TOTAL NUMBER OF PKGS OR UNITS  
IMPORTANT: See Clause 6TERMS: > ☐ PREPAID ☒ COLLECTINSURANCE (See Tariff Reg.) YES ☐

Values \$ Premium \$

DECLARED VALUE OVER \$500

per pkg. or unit \$ Extra Charge \$

CONFIRMED for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes representation regarding contents, weight or measurement.

NOTE: BE SURE TO READ THE TERMS OF THIS BILL OF LADING CONTRACT CONTAINED ON REVERSE SIDE. OBTAIN SIGNATURE OF CARRIER ON THIS COPY AND RETAIN AS YOUR ORIGINAL INLAND/OCEAN BILL OF LADING.

H, INC.

ON BEHALF OF THE MASTER

BILL OF LADING NO

NAVA

DATE:

380-5647436

04/30/02

☐ NO PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 001

FORM # NPR, INC. - 1997

IMPORTANT! READ CLAUSES ON REVERSE SIDE. 4



## HOST FAX BILL OF LADING

FOR INTERMODAL TRANSPORT ☒ Check One Box  
FOR PORT TO PORT SHIPMENT ☐PLEASE  
REMIT  
TO

SEA STAR

100 BELL TEL WAY SUITE 300  
JACKSONVILLE, FL 32216

SHIPPER EXPORTER (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
RD 5 KM 27 4 EXT  
EXPRESO DE DIEGO BO PALMAS  
CATANO PR

SHIPPER NO.

B01554535

CREDIT NO.

ZIP CODE

00962

CONSIGNEE NO.

B01554512

(SPACES BELOW FOR SHIPPERS MEMORANDA ONLY) - NOT PART OF B/L CONTRACT

BOOKING NUMBER

MA565N-0580

EXPORT DEC.

BILL TO:

D10072

DJ -DJW

CONSIGNEE (COMPLETE NAME &amp; ADDRESS)

BAXTER HEALTHCARE CORP  
C/O ALLEGIANCE  
701 PRIDE DRIVE  
HAMMOND LA 70401

BAXTER HEALTHCARE CORP

C/O SCHNEIDER LOGISTICS

PO BOX 2000

SUGAR GROVE IL 60554

NOTIFY (NAME, ADDRESS, FAX/PHONE NUMBERS)

P COBIAN/LUIS VEGA  
787-275-3013

NOTIFY PTY. NO.

RV80645

FORWARDING AGENT - REFERENCES

FMC NO.

ORIGINATING CARRIER - INTERMODAL

PLACE OF ORIGIN - INTERMODAL

SAN JUAN

CITY, STATE AND COUNTRY OF ORIGIN

CATANO, PR CAR

VESSEL (SEE CL. 2) VOYAGE NO.

MAYAGUEZ

FLAG

565N

PORT OF LOADING

SAN JUAN

PORT OF DISCHARGE

JACKSONVILLE

DESTINATION INTERMODAL

HAMMOND

VESSEL TERMINAL

PUERTO NUEVO

ROUTING FROM DISCHARGE TERMINAL

CONTAINERIZED (Vessel Only)

☒ YES☐ NO

CARRIER'S RECEIPT

CONTAINER NO. AND SEAL (OR MARK IF BREAK BULK)

PRMU650965

1X45HV

S/ 026051

NO OF PACKAGES

1584

PCS

PARTICULARS FURNISHED BY SHIPPER - CARRIER HAS NOT VERIFIED CONTENTS OR WEIGHT OF

HM

MARKS (IF CONTAINERIZED) &amp; DESCRIPTIONS OF GOODS NOT PART OF B/L

MEDICAL PRODUCTS

GROSS WEIGHT (Kilos)

20007.0

LB

MEASUREMENTS

0.00

CF

009 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF, W/ OR W/O SOL (NMF 567900-1 CL 175)

155

010 KITS/SETS, IN/OUTPATIENT TREATMENT/CARE, NOI, IN BXS W/DENS  
5#/CF+, W/ OR W/O SOL. (NMF 56790-2 CL 100)

651

011 SOLUTIONS, I.V., NUTRITIONAL/ANTICOAGULANT, IN PLAS BAG W/IN PLAS  
BAGS IN BXS/PKG 97 (NMFC 59380-6 CLS 55)

760

020 BAGS/ENV/PCKTS/POUCHES, PLASTIC, W/DENS #15/CF OR GRTR, IN  
BXS/CRATE/PKGS 2311/2432 (NMF 20480-3 CLS 60)

10

450 ARTICLE, PLASTIC/RUBBER, O/T EXPANDED/FOAM, W/DENS 6#/CF L/T  
8#/CF (NMF 156600-5 CLS 125)

6

TOTAL NUMBER OF PKGS OR UNITS  
IMPORTANT: See Clause 6

THESE COMMODITIES LICENSED BY U.S. FOR ULTIMATE DESTINATION

DIVERSION CONTRARY TO U.S. LAW PROHIBITED

TERMS: ☐ PREPAID ☒ COLLECTBILL TO: ☐ SHIPPER ☐ FORWARDER ☐ CONSIGNEE☐ NOTIFY PARTY☒ OTHER

SURANCE (See Tariff Reg.)

YES ☐

OCEAN FREIGHT &amp; ACCESSORIAL CHARGES

PREPAID

COLLECT

Values \$ ..... Premium \$ .....  
DECLARED VALUE OVER \$500

Per pkg. or unit \$ ..... Extra Charge \$ .....

(FIFTY) for shipment, in external apparent good order and condition, containers, other packages or units listed in the "Carrier's Receipt", by the Shipper to contain the goods described in "Particulars Furnished by Shipper", which Particulars, including weight and measurement, have not been verified by the Carrier and are not part of the B/L contract. The Carrier makes no representation regarding contents, weight or measurement.

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NPR, INC.

ON BEHALF OF THE MASTER

BILL LADING NO

NAVA

DATE:

380-5647963

04/30/02

☐ NO PICKUPE Transport  
Authorized

TOTAL CHARGES &gt;

PAGE: 001 OF 001  
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IMPORTANT! READ CLAUSES ON REVERSE SIDE 10